

# CITY OF TEMPE SCBA (MASK) MONTHLY CHECK

	January-05	February-05	March-05	April-05	May-05	June-05	July-05	August-05	September-05	October-05	November-05	December-05		Comments
<b>Example</b>	Initials													(1/28) Lens has scratch (6/03) Replace exhalation valve
Head Straps														
Face Piece														
Lens														
Nose Cup														
Inhalation Valve														
Exhalation Valve														
<b>Please Indicate Yes or No to the following:</b>														
Did you Don														
Were you on Air														
Did you Transfill														
Perform User Seal Check														
Elastomer Parts are Pliable														
Resp. is Clean/Disinfected														

If the respirator is missing any parts, shows excessive wear or is damaged, **DO NOT USE THIS RESPIRATOR** Contact EHS for directions on qualified service or replacement.

If the respirator fails the user seal check or any part of the inspection, **DO NOT USE THIS RESPIRATOR**

Respirator Owner (Signature): \_\_\_\_\_

Respirator Storage Location: \_\_\_\_\_